

Instructions

the responsibility of the person being nominated to file a complete and accurate nomination paper. Please print or type information (except signatures).

Nomination paper of a person to be a candidate at an election to be held in the following municipality

Nominated for the Office of <i>Trustee - Ugdsh</i>	Ward Name or Number (if any)
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Nominee's name as it is to appear on the ballot paper (subject to agreement of the municipal clerk)

Last Name or Single Name <i>Topping</i>	Given Name(s) <i>Lynn</i>
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Nominee's full qualifying address within municipality

Suite/Unit Number	Street Number <i>152</i>	Street Name <i>Muriel St.</i>
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Municipality <i>Shelburne</i>	Province <i>Ontario</i>	Postal Code <i>L9V 3E2</i>
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Mailing Address Same as qualifying address

Suite/Unit Number	Street Number	Street Name
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Municipality	Province	Postal Code
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If nominated for school board, full address of residence within its jurisdiction

Suite/Unit Number	Street Number <i>152</i>	Street Name <i>Muriel St.</i>
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Municipality <i>Shelburne</i>	Province <i>Ontario</i>	Postal Code <i>L9V 3E2</i>
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Email Address <i>ltopping@rogers.com</i>	Telephone Number <i>519 9252819</i>	Telephone Number 2 
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Declaration of Qualification

I, *Lynn Topping*, declare that I am presently legally qualified (or would be presently legally qualified if I were not a member of the Legislative Assembly of Ontario or the Senate or House of Commons of Canada) to be elected and to hold the office for which I am nominated.

Lynn Topping
Signature of Nominee

2022/07/27
Date (yyyy/mm/dd)

Date Received (yyyy/mm/dd) <i>2022/07/28</i>	Time Received <i>9:23 AM</i>	Initial of Nominee or Agent (if filed in person) <i>LT</i>	Signature of Clerk or Designate <i>CHHK</i>
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Certification by Clerk or Designate

I, the undersigned clerk of this municipality, do hereby certify that I have examined the nomination paper of the aforesaid nominee filed with me and am satisfied that the nominee is qualified to be nominated and that the nomination complies with the Act.

Signature 	Date Certified (yyyy/mm/dd) 
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